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PTO/SB/17 (12-04v2)

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| Under the Paperwork Reduction Act of Table 160 persons are required to teap | | | | 1 | Complete if Known | | | | | | |
|--|----------------------|------------------------|----------------------------|-------------------|-------------------------|---------------|-------------|----------------------------|----------------|--|--|
| Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Applic | Application Number 09/5 | | 38,455 | | | | |
| - | | | | | Filing | Date | | Mar | ch 30, 2000 | | |
| FEE TRANSMITTAL For FY 2005 | | | | | First 1 | Named Inv | rentor | Yan | g Xu | | |
| | | | | | Exam | Examiner Name | | | hambers | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | | | nit | | 375 | 3 | | |
| TOTAL AMOUNT OF PAYMENT (\$) 450.00 | | | | | Attorn | ey Docke | t Number | 178 | 7-06001 | | |
| TOTAL AMOUNT | (0) | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | |
| Check Money Order None Other (please identify) | | | | | | | | | | | |
| Deposit Account: Deposit Account Number 03-2769 Deposit Account Name: Conley Rose, P.C. | | | | | | | | | | | |
| For the above-identified account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | | | |
| | | | or underpayments | s of fee(3) | Cred | lit any ove | rpayment | 5 | | | |
| under 37 CFR 1.16 and 1.17 | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credil card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | |
| | | | | | ·· | | | | | | |
| FEI: CALCULATION | | | | | | | | | | | |
| 1. BASIC FILING | 3, SEARC | H, AND E | XAMINATION FE | ES | | | | | | | |
| | FILING F | FEES | SEAF | RCH FEES | | | ATION F | | | | |
| Application Type | Fee (\$) | mall Entit Fee (\$) | <u>y</u> <u>Fee(</u> \$ | Small Entity (\$) | | Fee (\$) | Fee (\$) | TĀ. | Fees Paid (\$) | | |
| Utility | 300 | 150 | 500 | 250 | | 200 | 100 | | | | |
| Design | 200 | 100 | 100 | 5 0 | | 130 | 65 | | | | |
| Plant | 200 | 100 | 300 | 15C | | 160 | 80 | | | | |
| Reissue | 300 | 150 | 500 | 25 C | | 600 | 300 | | | | |
| Provisional | 200 | 100 | 0 | C | | 0 | 0 | | | | |
| 2. EXCESS CLA Fee Description | IM FEES | | | | Fee (\$) | mall Entit | ¥ | | | | |
| Each claim over 20 (including Reissues) | | | | | | 25 | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | 200 | 100 | | | | | |
| Multiple dependen | | | 5 4 4 5 | r p-(4/6) | 360 | 180 | Donond | ant Claims | | | |
| Total Claims | <u>Ext</u> r HP = | ra Claims | | Fee Pal:1 (\$) | | Fee (\$) | | ent Claims ee Paid (\$) | | | |
| HP = highest numb | | | | an 20. | | | _ | | | | |
| Total Claims | | ra Claims | | Fee Pai 1 (\$) | | | | | | | |
| 20 or HP = × = | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 3. | | | | | | | | | | | |
| 3. APPLICATION SIZE If the specification and drawings exceed 100 sheets of pap∋r (excluding electronically filed sequence or computer listings under | | | | | | | | | | | |
| 37 CFR 1.52(3), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See | | | | | | | | | | | |
| 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of Each Additional 50 or Fraction Thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | | |
| I OTAL STIPPETS | <u></u> _ = 100 | AUA SHEE | | | | | | x= | | | |
| OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition For 2-Month Extension of time (Fee Code 1252) | | | | | | | | | Fee Paid (\$) | | |
| Non-English s | \$450.00 | | | | | | | | | | |
| | | | | | | | | | | | |
| JEMPES SEV | | | | | | | | | | | |
| Signature | | سلد | 400 | FUEL I | | | | | | | |
| Typed or Printed N | lame | Ŋ | Yark E. Scott | 7 | | | Date | July 12, | 2005 | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 a id 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will var depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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154567.01/1787-06001

JUL 1 2 2005

PTO/SB/22 (12-04)
Approved for use through 07/31/2008. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| PETITION FOR EXTENSION OF TIME UND | Docket Number (Optional) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| FY 2005 (Fees pursuant to the Consolidated Appropriations | 1787-06001 | | | | | | | | |
| Application Number 09/538,455 | Filed March 30, 2000 | | | | | | | | |
| For IMPROVED STREAM SWITCHING SYSTEM | | | | | | | | | |
| Art Unit 3753 | Examiner A. Chambers | | | | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | | | |
| The requested extension and fee are as follows (| _ | | | | | | | | |
| | <u>Fee</u> | Small Entity Fee | _ | | | | | | |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | | | | | | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | s_450.00 | | | | | | |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | | | | | | |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | | | | | |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | | | | | | |
| Applicant claims small entity status. See 37 CFR 1 27. | | | | | | | | | |
| A check in the amount of the fee is enclosed. | | | | | | | | | |
| Payment by credit card. Form PTO-2038 is at:ached. | | | | | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet. | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | |
| | | | | | | | | | |
| I am the applicant/inventor. | | | | | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | | | | |
| Statement upder 37 CFR 3. 3(b) is enclosed (Form PTO/SB/96). Attorney or agent of record. Registration Number 43,100 | | | | | | | | | |
| attorney or agent under 37 CFF: 1.34. | | | | | | | | | |
| Registration number if activity | under 37 CFR 1.34 | | | | | | | | |
| -19X-14011 | | July | 12, 2005 | | | | | | |
| Skigniskure | | | Date | | | | | | |
| Mark E. Scott | (512) 391-1900 | | | | | | | | |
| Typed or printed name | Teleph | one Number | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entre interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | |
| | ms are submitted. | | | | | | | | |
| This collection of information is required by 37 CFR 1.136(a). The USPTO to process) an application. Confidentiality is governed to complete, including gathering, preparing, and submitting the concomments on the amount of time you require to complete this to: | oy 35 U.E.C. 122 and 37 CFR 1.11 and appleted ripplication form to the USP rm and/or suggestions for reducing the control of | and 1.14. This collection is est TO. Time will vary depending this burden, should be sent to | umated to take 6 minutes to upon the individual case. Any the Chief Information Officer, | | | | | | |

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